Case 2:05-cv-01239-MFF-OSC Docume SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DEDVERY age 1 of
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: Curington Co. Fail 290 Utill Cast Co. 	A. Signature Agent Addressee Received by Printed Name) D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Andalusia Al 36420 Attn: Anne He (Ling) Complei 4 i orde et 5 2. Article Number 7005	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D. 4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label) PS Form 3811, February 2004 Domestic Re	eturn Receipt 05 · /2.39 102595-02-11-1540